

**MOBILIZATION FORM
INSTRUCTIONS**

**PERSONAL INJURY NOTICE
FORM 4-2**

Form Use:

This form is to be used for notification of personal injury / exposure at an event.
This form does not replace a Labor and Industries claim form.

Completing Form:

Either the employee or supervisor will complete this form and fax it to the EMD Risk Manager within 24 hours of the incident.

- Fill in the boxes with the information requested.
- Use N/A for those not applicable.
- Be detailed as to the mechanics of the injury or exposure.
- A third party injury is when someone else is directly responsible for the injury / exposure.
- Name of person knowledgeable of injury is someone who has first hand knowledge of the incident.

Review Section:

The only two boxes required to be completed are the Immediate Supervisor and Safety Officer. The Safety Officer will attach any forms completed regarding this injury / exposure and fax to the EMD Risk Manager at (253) 512-8497.

Fax to the EMD Risk Manager within 24 hours of the Incident.

Send Originals to:

EMERGENCY MOBILIZATION SECTION
POB 42600
OLYMPIA WA 98504